Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	04/30/10	Address:	625 S. McCann
Case #:	<u>16F19684</u>		<u>Kokomo, IN 46901</u>
County:	<u>Howard</u>		
Type of Laboratory Seizure (check one) Operational Lab		Seizure Location (check all that apply) Residence Hotel/Motel	
Chemic	cal/Glassware/Equipment (only) ite (only)	Outbuilding Vehicle	Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) ☐ Lithium/Ammonia Reaction(s): Laundry Room ☐ Red Phosphorous/Iodine Reaction(s): ☑ Flammable Solvents: Laundry Room			
Water Reactive Metal (Lithium): Anhydrous Ammonia:			
 ☐ Hydrochloric Acid Gas Generator(s): ☐ Corrosive Acid: <u>Laundry Room</u> ☐ Corrosive Base: 			
Child unde	er age 18 discovered (check one) a (number present) eport to Child Protective Services	E phedrin	e Information e/Pseudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Health Dep	ment: <u>Kokomo F.D.</u> artment: <u>Howard Co.</u> ection Service: <u>N/A</u>	Fax: <u>765-4</u> Fax: <u>765-4</u> Fax:	<u>56-2292</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Det. Shane Melton Phone 765-459-5101			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.